



FORM
LOB
(Rev. 5/2013)



**HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

13 MAY 23 P2:42

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

STATE OF HAWAII
STATE ETHICS COMMISSION
☐ May 1 - December 31

LOBBYIST INFORMATION

Sword

Last Name

Max

First Name

J

M.I.

Outrigger Enterprises Group

Lobbyist Firm/Employer

2375 Kuhio Avenue

Mailing Address (Number and Street or P.O. Box)

Honolulu

City

HI

State

96815

Zip Code

(808) 921-6606

Telephone

Extension

max.sword@outrigger.com

Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Outrigger Enterprises Grp							895				895
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											

Add Total Expenditures (lines 1 through 16) Total Expenditures 895

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY*List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON***List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED***List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING***Legislative and/or administrative action in the following areas was supported or opposed during the statement period:*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON


 Print Name of Authorized Person (First M.I. Last)

VP INDUSTRY AFFAIRS 5/21/13
 Title Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.